Chapter 27
Health engineering mandate

With 666 becoming the new symbol for problem solving, the philosophy on physical health will describe how the body is maintained by endless confrontations and conflict between vitamins and minerals. When one overpowers another for the same receptor site for too long, illness results. As long as the battle remains even, health will be the result. Is this the complete story of health? No. Another aspect of physical health is the presence of outside invaders(viruses) and this is when things become a bit more complex. When something foreign enters the body, and symptoms result, the solution may not always be as simple as balancing out a vitamin or mineral deficiency resulting from one vitamin or mineral overpowering another. To understand the gist of this health theory, imagine all the vitamins and minerals that allow the body to function. Now imagine that half of these vitamins or minerals and their resulting health functions belong to one side of health and the other half belong to another side of health with these 2 sides essentially opposing each other and in this opposition, certain symptoms of one sickness are made worse or better when a vitamin or mineral from one side enters the body and enhances the ability of that entire side of vitamins and minerals from which it came..... while, at the same time, weakening the ability of vitamin and mineral absorption from the other side of Vitamins and minerals. In essence, understanding that reducing one set of symptoms always makes another set of symptoms worse. A good analogy of the contenders for each side of health is WWII's Axis and Allied powers. While Germany, Japan, and Italy are different countries with different agendas, the success of one country in WWII equated to the success of the others in that alliance and at the same time, equated to a weakening of the

opposing alliance. The same goes with the Allied powers of US, Russia, and Britain. The success of one those countries in WWII benefitted the entire alliance while weakening the other alliance.

The newly entered vitamin or mineral is always the strongest in terms of absorption by the body. Now while some outside invaders(viruses or germs) enable one set of vitamin and minerals to overpower another and are easily destroyed by simply taking in antagonist vitamins and minerals from the other side and just correcting the deficiency, other viruses possibly(maybe) come in the body and attack both sides of the vitamin and mineral conflict. A good analogy is Japan attacking China while the Chinese Nationalists and the Chinese Communists were fighting each other around the time of WW2. Now you have a situation where you have make a choice on which side to empower first to weaken the virus. Doing so would weaken or deplete another set of vitamins and minerals and further exacerbate a part of the negative symptoms resulting from the virus, but the act of enabling one side injures the virus and reduces one set of symptoms. Now that the virus is injured, it cannot be destroyed until the other set of vitamins and minerals, which are being suppressed due the presence of the antagonist vitamins and minerals fighting the virus, gets its turn to take a shot at the virus. Now, in their turn to fight the virus, their presence then suppresses the previous set of vitamin and mineral alliance that went at the virus first. This helps eliminate some symptoms arising from earlier suppression, but brings back symptoms that arise from suppressing the vitamins and minerals which first fought the virus but were reduced when that first set of vitamin and minerals were enabled for absorption by the body. Now the virus is further injured, but the body is still suffering symptoms from the deficiency. In theory, once the

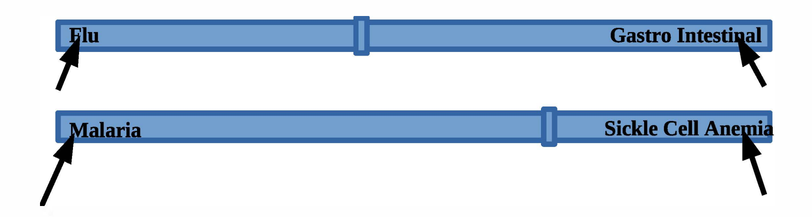
virus is eliminated by going back and forth between enabling each opposing alliance to fight the virus, the original conflict of both sides of vitamin and mineral alliances eventually returns and the need to simply correct the deficiency through vitamin or mineral intake results without the presence of the virus. It should also be noted that the power of viruses to enable an alliance of vitamin/minerals to overpower the other alliance of vitamin/minerals can help cure present ailments. If one has an ailment currently in the body, an incoming virus can bring the reinforcements needed by the oppressed alliance to overcome the vitamin/minerals imposition of the other alliance brought about by the current ailment. Even today's doctors are injecting sick patients with other sicknesses in order to fight their current sickness. For example, the Measles virus is sometimes used to help people fight cancer. So in using our theory about vitamin and mineral alliances and its opposition being simultaneously attacked by an outside invader(virus), we will look at the Ebola Virus. Ebola is a virus that enters body through bodily fluids and is often found in Bats and Monkeys. Once a person is infected with the Ebola virus, the virus itself attaches to and enters a cell and begins the process of replicating itself. In doing so it manages to destroy the part of the cell that would alert the white blood cells of the immune system, which would usually attack the virus and kill it. So In essence, the initial suppression of the white blood cells is what brings about first set of symptoms of a fever, sore throat, joint pain, muscle soreness, weakness, headache(according to Centers for Disease Control). According to the CDC, these are also the same symptoms of the flu. This makes it more important to see this as what the virus is doing and not so much the virus itself. In my observation, flu symptoms are just one side of the vitamin/mineral alliance asserting itself over the other alliance. But for the sake of simplicity, we will narrow the opposing alliances down to 2

major vitamins, Vitamin A from alliance 1, a supporter of flu-like symptoms and Vitamin E, an antagonist of flu like symptoms from alliance 2. As stated before, just like the alliances in WW2, the presence and assertion of one essentially strengthens the assertion of the entire alliance of which it's part of, while weakening the assertion of the opposing one and its alliance. So, with these first set of symptoms of Ebola, we have an over-assertion of Vitamin A, which would support those initial flu-like symptoms and low white blood cell count, and at the same time support the suppression of the opposing Vitamin E and its alliance, which would automatically equate to an ability to antagonize flu like symptoms and low white blood cell count. In theory, the solution to dealing with the first part of Ebola would just be simple treatment protocol for the flu. (I reckon Vitamin E to be the best fighter against flu symptoms). Here is where we have an issue. As far as I know, the first stage of Ebola doesn't reduce white blood cell count, it just kills the signaler, and thus leaves white blood cells oblivious to what the virus is doing. An analogy would be breaking into a building but modifying the cameras in a way that the security guards do not see anyone breaking into the building. In that scenario, you have crooks going into the building and taking everything without the guards being aware of it. So this brings us to the second stage of Ebola, which are the gastrointestinal problems along with the fever. Now at this point, the white blood cells have been alerted and are now bringing out all the guns. According to the CDC, the fever usually persists during this stage along with the gastrointestinal problems of vomiting and diarrhea. The dilemma here is that because Vitamin A is a supporter of flu symptoms, Vitamin E, which would actually support gastrointestinal problems and high white blood cell count, should have led to the suppression of the flu- like symptoms in its fight against Vitamin A for

the receptor site. Since I don't know the timetable of the symptoms of Ebola, I have to hypothesize that fever would spike immediately before the onset of gastrointestinal problems and then slowly dwindle(even though still there) as the Vitamin E and its alliance along with its symptomatic characteristics(due to over-assertion) of nausea, vomiting, and diarrhea would forcefully assert itself and eventually overtake the flu-like issues and their support from Vitamin A. According to some research, this is the make or break point for Ebola survival. It seems to warrant another hypothesis that those who survive Ebola experience a balancing effect during that stage(which equates to health) and those who don't experience that balance, end up having to deal with a complete takeover by the Vitamin E/gastro issue correlation. Since Vitamin E is also a blood thinner, this assessment would align with the final result of death for Ebola sufferers from hemorrhaging, which is caused by thin blood. During stage 2, because vitamin E raises blood pressure in its initial entrance, there should a rise in blood pressure during its assertion at some point in stage 2 of Ebola. Because this assessment would conclude that Ebola is simply an overreaction by white blood cells due to the white blood cells initially not being able spot the virus's presence, one can conclude the survival of Ebola would be based on the body's ability to limit this overreaction. According to the American Family Physician, a high white blood cell count is an emergency due to risk of hemorrhaging and brain infarction. Source: **Leukocytosis: Basics of Clinical Assessment** by NEIL ABRAMSON, M.D., and BECKY MELTON, M.D., Baptist Regional Cancer Institute, Jacksonville, Florida Am Fam Physician. 2000 Nov 1;62(9):2053-2060. This would infer that white blood cell/vitaminE/blood thinning/gastrointestinal issues/hemorrhaging are all related. The overall assessment would infer that flu symptoms

and gastro issues are inherently unrelated and are actually natural enemies. If the 2nd stage of Ebola is a heightened manifestation of both flu symptoms and gastro symptoms without any transition of one set of symptoms overpowering and suppressing the other, then the Ebola virus takes on a more complicated structure with the need to discover how blood thinning can occur without an excessive presence of white blood cells and vitamin E. If Vitamin E is being suppressed and bringing about flu symptoms simultaneously with Vitamin A being suppressed bringing about gastrointestinal, with the viral replication itself being the factor that's causing the symptoms and deficiencies of both opposing sides, then one has to decide which side of the vitamin/mineral alliance to empower first in order to began the process of weakening the virus by bringing the vitamin/mineral balance back to a normal level and knowing that empowering one alliance would weaken the virus but would exacerbate a part of the symptoms until the suppressed vitamin/mineral alliance gets its turn to magnify its presence in the body in order to fight the virus.

A good perspective toward health would not be in curing a disease, but making oneself sick in way that should oppose a current sickness in one's body. Health should be looked at as a swinging pendulum or a meter that has two opposite ends, with each end being a different sickness, in which the more one is sick toward one end of the spectrum, the less one is sick from that other end of the spectrum. On the next page is imagery to perceive how flu symptoms and gastrointestinal sickness appears on a spectrum on the opposite ends, and also how Malaria and Sickle cell do the same. Imagine the bar on the spectrum being the vitamin influence to bring the bars to one end away from the other.



It's common knowledge in the medical community that sickle cell anemia, which is a disorder of the red blood cells in which hemoglobin, a component of red blood cells needed to bring oxygen to other organs of the body, actually provides certain protections against another disease called Malaria, which is usually from insect bites and results in flu like symptoms(fever, chills, muscle pain, headache). In other words, those with Sickle Cell Anemia present in their body have very little chance of contracting Malaria. Sickle Cell Anemia, of which hemoglobin is found to be atypical, thus deforming the red blood cells into a sickle shape, usually presents symptoms of anemia, weakness and fatigue, swelling in the hands and feet, and jaundice(yellowing of the skin). The most notable study on why Sickle Cell Anemia provides protection against Malaria was done by Michael P Soares, a researcher at the Instituto Gulbenkian de Ciência (IGC), in Portugal. He and his team, of which included Ana Ferreira, a post-doctoral researcher, and Prof. Ingo Bechman, genetically engineered mice to produce one copy of sickle hemoglobin and after exposing the mice to Malaria, they found that the brain lesions usually associated with Malaria were absent. In this case, it was found that the atypical sickle hemoglobin repulsed the malaria parasite without interfering with the parasite's ability to infect. Source: Instituto Gulbenkian de Ciencia. **"Mystery solved: How sickle hemoglobin protects against malaria."** ScienceDaily. ScienceDaily, 29 April 2011. <www.sciencedaily.com/releases/2011/04/110428123931.htm>. The

Sickle Cell/Malaria dynamic aligns with the hypothesis regarding Ebola and white blood cells/vitamin E and its antagonism to flu-like symptoms(vitamin A). According to medical research, Sickle Cell has been found to correlate with elevated white blood cell count. So, in applying our concepts from what was said about Ebola in the previous pages, we can conclude that Sickle cell's protection against malaria would be directly correlated with its natural high white blood cell count if our assessment for Ebola at the stage 2 phase indicates a transition of Vitamin E/white blood cell/gastrointestinal's overtaking of Vitamin A/flu-like symptom's grip on the body. Current treatment to reduce Sickle Cell symptoms involve taking a prescription medicine called Hydroxyurea, which lowers white blood cell count. That in itself implicates white blood cell count as a major component of the problems arising from Sickle Cell Anemia. Elevated white cell count is said to damage blood vessels by constantly tearing holes in blood vessel walls, which is exactly what happens in hemorrhagic fever from Ebola.

We can build upon this by transferring these concepts to another disease that carries flu like symptoms, HIV(Human Immunodeficiency Virus). HIV is a sexually transmitted disease that acts on the body by destroying white blood cells in the body. In doing so, it makes a person less able to fight infections. At the advanced stages, people who succumb to the later stages of HIV, which is called Acquired Immunodeficiency Syndrome(AIDS), usually die from whatever infection is able to enter the body as a result of not having the white blood cells to fight it. With the assessment from this writing that Ebola is an overreaction of the white blood cells, which are supported by

Vitamin E and elevated in Sickle Cell Anemia (with both Vitamin E and Sickle Cell being antagonistic to diseases that carry flu like symptoms of fever/muscle weakness), one can assume, in continuing with this pattern, that HIV, which destroys white blood cells, would be significantly opposed by a body environment infected with Sickle Cell or stage 2 Ebola when gastro/intestinal issues ensue. Interestingly, in an article at www.blackaids.org written by Mark Mascolini on behalf of the International Aids Society, it says: “Sickle cell disease lowers the odds of HIV infection about 70%, according to analysis of 423,431 records of adult African-Americans admitted to the hospital from 1997 through 2009. In contrast, sickle cell disease raised chances of infection with hepatitis B or C virus (HBV or HCV).” His Source: Mehdi Nouraie, Sergei Nekhai, Victor R Gordeuk. **Sickle cell disease is associated with decreased HIV but higher HBV and HCV comorbidities in US hospital discharge records: a cross- sectional study. Sexually Transmitted Infections**. 2012; 88: 528-533. So this confirms our assessment that anything related to a high white blood cell count, which is supported by Vitamin E, will antagonize anything associated with flu symptoms. The study regarding HIV and Sickle Cell showed that Sickle Cell actually raised the chances of infection with hepatitis B or C. From our assessment, it's easy to assume the reason for this is because Hepatitis B and C, unlike HIV, is associated with an elevated white blood cell count. In the later stages of Hepatitis C, an inflamed liver results in the depletion of stored Vitamin A(Vitamin E antagonizes Vitamin A) and a sharp rise in white blood cell count (vitamin E supports high white blood cell count). Source:

www.hepctrust.org. If Hepatitis C is this gradual attack on the liver to that point, then Hepatitis C must be associated with a high white blood cell count, which affirms why Sickle Cell would raise the chance of infection for Hepatitis C. Hepatitis C, in that case, would be fundamentally different from HIV. Hepatitis B and C are basically the same, the difference is in how they are transmitted. Hep C is transmitted through blood, and Hep B is transmitted through fluids. Since hepatitis B and C is associated with an increasingly elevated white blood cell count, sickle cell anemia, which automatically indicates a high white blood cell count, would present an environment that supports hepatitis's increasing elevation of white blood cells and the resulting damage on the liver. At this point, we are gradually formulating the idea that white blood cell count elevation is not exactly the body's response to infection in general, but the conditions necessary for the presence of certain diseases in the body. Meaning, a higher white blood cell has to be looked at as fighting an infection while simultaneously creating a problem and that just as certain diseases are mitigated by using medicine to increase white blood cell count, other diseases are mitigated by using medicine to decrease white blood cell count. It would be no coincidence that the medications used to treat sickle sell and hepatitis have side effects that lower white blood cell count.

If we take this further to Cancer, we can show how this dynamic continues to correlate. We are provided with research that shows how high white blood cell count is associated with an increased mortality risk for cancer. Cigarette smoking in the medical scientific community is a widely-recognized cause of elevated white blood cell count. Cigarette smoking is also a widely recognized factor in causing lung

cancer. From that alone, we can likely extrapolate that high white blood cell count is a risk factor for Cancer. Since it was determined in this writing that vitamin E is a natural a supporter of high white blood cell count, we can now see how scientific research regarding Cancer lines up with that. The Sahlgrenska Academy at the University of Gotheburg performed a study on the antioxidant effect on lung cancer in mice. After the mice were given vitamin E and a drug called N-acetylcysteine In, researchers found that the lung cancer tumors accelerated in response to Vitamin E and caused the mice to die much faster than the lung cancer mice who were not given the Vitamin E. Source: **https://sahlgrenska.gu.se/english/research/news-events/news-article//antioxidants-in-the-diet-can-worsen-cancer.cid1201629** Martin Bergö, professor at the Sahlgrenska Cancer Center, University of Gothenburg. In another study done in Shanghai, non smoking women were evaluated for cancer risk and Vitamin E supplementation. It was found in that study that women who maintained a diet of vitamin E supplementation had a significantly higher risk of developing lung cancer, specifically adenocarcinomas, which is a type of tumor that can develop anywhere on the body including the lungs. Source: Wu Q-J, Xiang Y-B, Yang G, Li H-L, Lan Q, Gao Y-T, et al. **Vitamin E intake and the lung cancer risk among female nonsmokers: A report from the Shanghai Women's Health Study**. Int J Cancer. 2015;136:610–7. https://doi.org/10.1002/ijc.29016. Sickle cell becomes linked into this study of cancer because research has found in a California Study that those with Sickle Cell Disease have a 72 percent higher risk of developing leukemia, which involves rapid overproduction of white blood cells. Source: **Increased risk of leukemia among sickle cell disease patients in California** Ann Brunson, Theresa H. M.

Keegan, Heejung Bang, Anjlee Mahajan, Susan Paulukonis, Ted Wun Blood. 2017 Sep 28; 130(13): 1597–1599. Prepublished online 2017 Aug 22. doi: 10.1182/blood-2017-05-783233 PMCID: PMC5620417. Sickle Cell Anemia, which constitutes a higher white blood cell count, provides a compatible environment for cancer. Another study using hospital data in England discovered a threefold to 10-fold higher cancer incidence among Sickle Cell Disease patients for hematologic cancers, and an increased risk for colon cancer, nonmelanoma skin cancer, kidney cancer, and thyroid cancer. Source: **Risk of individual malignant neoplasms in patients with sickle cell disease: English national record linkage study.** Seminog OO, Ogunlaja OI, Yeates D, Goldacre MJ J R Soc Med. 2016 Aug; 109(8):3039. To continue discovering more links between conditions that result in high white blood cell count, lets look at what happens when cancer is faced with Vitamin E's antagonist, Vitamin A. In a study done by Ecole Polytechnique Fédérale de Lausanne, researchers found that colon cancer tumors are the result of a deactivated gene responsible for tumor suppression. This gene is called the HOXA5 gene. In that study, they found that the factor responsible for its re-activation was Vitamin A. "In mice that had colon cancer, the treatment with retinoids(Vitamin A) blocked tumor progression and normalized the tissue. By turning the gene for HOXA5 back on, this treatment eliminated cancer stem cells and prevented metastasis in the live animals. The researchers got similar results with samples from actual patients." Source: Ecole Polytechnique Fédérale de Lausanne. **"Treating colon cancer with vitamin A."** ScienceDaily. ScienceDaily, 14 December 2015. < www.sciencedaily.com/releases/2015/12/151214130400.htm>. In a study of the HOXA5 gene, which was activated by vitamin A, on lung

cancer, it was found that the proliferation of non small cell lung cancer cells are inhibited by expression the HOXA5 gene. Hypothetically, since Vitamin A activated the gene and blocked the progression of Colon Cancer, Vitamin A should also activate the same HOXA5 gene for lung cancer and subsequently block its progression. The vitamin A activated HOXA5 gene is linked to inhibiting cancer cell proliferation in a number of Cancers such as Colon, Lung, Gastric, Cervical, and Breast. One interesting fact about Vitamin A and colon cancer is that many who have opted to treat their colon cancer with natural means via diet found significant success drinking carrot juice, which is loaded with beta carotene, a precursor to Vitamin A. Over at a website called www.chrisbeastcancer.com, 2 people, Ann Cameron and Ralph Cole wrote how they completely cured their Cancer by simply drinking Carrot juice without changing anything else in their diet. Ann Cameron has a book about her experience entitled "Curing Cancer with Carrots." To understand why studies of Vitamin A supplementation on lung cancer has not lived up to this clear link between Vitamin A and cancer is maybe due to the fact that something else may need to be involved in the supplementation of Vitamin A. We find in Vitamin E that most natural sources of it such as nuts and oils are very low in sugars. This could indicate the lack of necessity for the presence of sugar to ensure absorption. However, with beta carotene, most of the natural sources such as carrots, tomatoes, red peppers, cantaloupe, and sweet potatoes contain generous amounts of natural sugars. This must indicate a requirement for sugar to be present in order for Vitamin A to be absorbed. While Vitamin A is fat soluble(needing the presence of fat to be absorbed), its precursor, beta carotene, is not. If the study of Vitamin A reactivating the HOXA5 gene in cancer is directly linked to the experience of Ann Cameron's use of carrot juice to fully cure colon

cancer, then the Vitamin A needed to activate the HOXA5 gene in humans must be related to "Vitamin A with beta carotene as a precursor." If we hypothesize that Vitamin A's reactivation of the HOXA5 gene is contingent on the proper absorption of beta carotene as a precursor to Vitamin A, while needing the presence of sugar to effectuate a proper conversion, we can then relate that need for the presence of sugar as another aspect that plays a role in the white blood cell count dynamic. If cancerous tumor growth is linked to a high white blood cell count and Vitamin A is linked to activating a process that inhibits that tumor growth, with sugar as a prerequisite, then one can hypothesize that higher blood sugar is related to a lower white blood cell count while a lower blood sugar is related to a higher white blood cell count and subsequently a higher risk for cancerous tumors. Since sickle cell anemia is linked to a higher white blood cell count, and a higher white blood cell count is related to lower blood sugar, then sickle cell anemia, itself, should constitute a low risk for elevated blood sugar. In recent studies by Mary Elizabeth Lacy from Brown University School of Public Health, while using fasting glucose to measure diabetes risk, she and her colleagues had found that there is no indication of a higher or lower prevalence of diabetes in African Americans with Sickle cell versus those without it. However, when using the hemoglobin test A1c, which measures the risk for diabetes by measuring the amount of glucose sticking to red blood cells, they found that the test resulted in a much lower prevalence of diabetes diagnoses for those who had sickle cell trait compared to those who didn't.....even though blood sugar levels were similar for both. Since red blood cells in Sickle Cell anemia don't live as long, the blood cells have less time to collect glucose, and this why the A1c readings would infer less incidences of diabetes in the Sickle cell group. Source: Lacy

ME, Wellenius GA, Sumner AE, et al. **Association of Sickle Cell Trait With Hemoglobin A1c in African Americans**. JAMA. 2017;317(5):507–515. doi:10.1001/jama.2016.21035 However, there is no confirmation that the results of A1c for Sickle Cell trait is not related to biological factors. When it comes to type 1 and type 2 diabetes, it's been found that Type 1 diabetes is associated with a lower white blood cell count (Hillson Rowan. **Diabetes and the blood – white cells and platelets**) and Type 2 is associated with a higher white blood cell count. The difference between the 2 is that in type 1 diabetes, there is no insulin produced. In type 2 diabetes, there is insulin, but not enough. Most studies have found that the risk of type 2 diabetes is higher in those with a higher white blood cell count. The problem here is that my hypothesis that a higher blood sugar would be related to a lower white blood cell count lines up with the study for Type 1, but not for Type 2. The only way to resolve this dilemma of confusion as to how diabetes(type 1 and 2) could infer 2 different white blood cell factors, is by aligning the result of the high WBC associated with type 2 NOT with blood sugar levels, but with insulin levels. Since the consumption of more sugar results in the production of more insulin in non diabetic individuals, the increased risk of type 2 has to be related to wearing out the body's insulin production with the consumption of excess sugar. This would infer that any non diabetic who tests for a high white blood cell count and is thus at a higher risk for developing type 2 diabetes, must also be assumed to be a high consumer of sugars. In that case, his insulin response should warrant that high white blood cell count. By making insulin the factor for white blood cell count, those who were tested for a lower white blood cell count that did not develop diabetes must be assumed to not have had the sugar intake and thus the insulin response that would have warranted a high white blood cell count. This would naturally indicates less risk for

developing diabetes. This insulin application to WBC still lines up with the test regarding type 1 diabetes in which there is obviously no insulin response and thus low white blood cell count. The difference is that someone non diabetic with a low white blood cell count related to low insulin use has to do with necessity as a result of not needing to use much insulin for a lower sugar intake, as opposed to a type 1 diabetic whose low white blood cell count being indicative of no insulin having to do simply with just not being able to produce insulin, no matter how much sugar is consumed. This would also infer that sugar alone without being influenced by insulin would lower white blood cell count. In going back to how the activation of the HOXA5 gene, which inhibits cancer cell proliferation, is the result of Vitamin A(from beta carotene and needing the presence of sugar), we can infer that diabetes would lower the risk of some cancers. Researchers at the Norwegian University of Science and Technology and Trondheim University, found that after analyzing 1677 cases of lung cancer, the 1-, 2-, and 3-year survival in patients with lung cancer with and without diabetes mellitus were 43% versus 28%, 19% versus 11%, and 3% versus 1%, respectively. International Association for the Study of Lung Cancer. "Lung cancer patients with diabetes show prolonged survival." ScienceDaily. ScienceDaily, 18 October 2011. < www.sciencedaily.com/releases/2011/10/111017092235.htm>. Since higher insulin is considered to raise the risk of colon cancer, the Vitamin A effect (that reactivates HOXA5 which subsequently inhibits the growth of tumor cells) must somehow revolve around slowing down the production of insulin. “In a study published by Morales-Oyarvide et al in the Journal of the National Cancer Institute, researchers found that patients with stage III colon cancer who had the highest “dietary insulin load”—the level of insulin produced by the body in response to diet—

were twice as likely to have a recurrence or die of the disease as patients with the lowest load. The trend held regardless of level of physical activity and was especially strong in patients who were obese, the researchers found." -https://www.ascopost.com/News/59006. So, essentially, with higher insulin being such a strong factor in mortality from colon cancer, any alleviating effect, such as the vitamin A/HOXA5 activation process, has to relate to a reversal regarding this high insulin load. In order to make sense of Vitamin A via beta carotene reversing colon cancer, one has to conclude that the sugar/beta carotene/Vitamin A is needed to reduce insulin response in the body. Since insulin is usually released by the body in response to sugar, assessing the use of sugar to reduce insulin response is a contradiction. However, in a study done in 2016, researchers found that white blood cell count is lowered for a few hours(2 - 6) right after eating sweets. Source: Ullah H, Akhtar M, Hussain F. **Effects of Sugar, Salt and Distilled Water on White Blood Cells and Platelet Cells.** Journal of Tumor 2015; 4(1): 354-358 Available from: URL: http://www.ghrnet.org/index.php/jt/article/view/1340. So if we use that in conjunction with high insulin equating to high white blood cell count and thus poor prognosis for colon cancer, we can resolve the need for sugar and proper absorption of beta carotene (to turn into Vitamin A) as a total reversal of those causes for colon cancer to the fact that sugar temporarily lowers white blood cell count, and thus would temporarily lower insulin response and mortality for colon cancer. Diabetes, in this case, would reduce the risk of colon cancer only if insulin response is low. In some type 2 diabetes, while the insulin sensitivity is lowered(meaning cells are not absorbing sugar from the blood), the pancreas still produces a large amount of insulin into the blood stream. In that scenario, type 2 raises colon cancer risk.

If insulin sensitivity is lowered along with a lack of production of insulin by the pancreas then type 2 diabetes, in that case, would lower risk for colon cancer.

To summarize, we can conjure up how the sides of health line up with regard to white blood cells. Below is a layout we can logically extrapolate from the writings thus far. We have 2 sides that are fundamentally opposed to each other to the point that any factor from one side can oppose any factor from the other side. For example, Flu from side two of health would pose an oppositionary influence on Cancer from side one.

Side one of health	**Side two** of health
High white blood cell	Low White blood cell
High blood insulin	Low blood insulin
Cancer	Flu symptoms
Gastro problems	Vitamin A(beta carotene, sugar)
Vitamin E	Malaria
Sickle Cell Anemia	
Ebola-stage 2	

We can extrapolate that since vitamin E is on the side of higher white blood cells, vitamin E can disrupt any sickness related to flu-like symptoms(usually an indicator of over-assertion of Vitamin A(beta carotene)), but enhance any sickness related to gastrointestinal/blood vessel/blood thinning issues. If a factor from one side is presented to the body when another factor from that same side is already present, symptoms would worsen.

In using the information already formulated, we can transition to heart attacks and their side of health. In 2005, a nationwide study found

that Heart Attacks could be predicted by simply measuring white blood cell count. “As part of the federally supported Women's Health Initiative, investigators at medical centers all over the United States collected information on 72,242 postmenopausal women 50 to 79 years old. All were free of heart and blood vessel disease at the start of the study. During six years of follow-up, 1,626 heart disease deaths, heart attacks, and strokes occurred. Women with more than 6.7 billion white cells per liter of blood had more than double the risk of fatal heart disease than women with 4.7 billion cells per liter or lower. A count of 6.7 is considered to be in the upper range of normal, so what is "normal" may have to be redefined.” Source: Harvard University. **"Simple Test Predicts Heart Attack Risk: White Blood Cells Sound A New Alarm."** ScienceDaily. ScienceDaily, 25 March 2005. < www.sciencedaily.com/releases/2005/03/050323134019.htm>. From our previous extrapolation, this study would indicate that heart attacks would be placed on side one of health as shown in the diagram, meaning that any other factors on side one would increase and promote the chances of a heart attack, while the factors on side 2 would decrease it. In comparison to Heart Attacks, which occurs when blood flow to the heart is restricted enough to damage a part of the heart muscle, Cardiogenic Shock takes place when the heart muscle doesn’t beat strong enough to pump adequate blood and oxygen. Since both implicate the heart, it becomes easy to place cardiogenic shock and heart attack on the same side of health. Studies, however, have shown that opposing factors to heart attacks tend to promote possible incidents of cardiogenic shock. The onset of Type 1 diabetes, which presents a low white blood cell count, has also been linked to sudden cardiac arrest from shock. Baden, M.Y., Imagawa, A., Iwahashi, H. et al. Diabetol Int (2016) 7: 281. https://doi.org/10.1007/s13340-015-0247-6.

Sepsis, which is an inappropriate immune response to an infection also linked to a low white blood cell count, raises the chances of cardiogenic shock. Because of the various nature of heart problems, I will have to align cardiac problems with blood pressure accordingly in order to make the distinction between high white blood cell count cardiac related issues and low white blood cell count cardiac related issues. This is done to make sense of sudden cardiac arrest taking place with hypertensive factors, and sudden cardiac arrest taking place with hypotensive factors. At the moment we can distinguish Heart attacks from Cardiogenic Shock, and link high blood pressure/high white blood cell to Heart attacks, and low blood pressure,/low white blood cell to Cardiogenic shock. This means that putting our body in a position to increase our chances of one should equate to decreasing our chances of the other. Statin drugs, which are used to lower cholesterol and are also found to lower blood pressure, has been said to reduce the effect of flu shots on the flu. The reason for this is that flu treatment has been found to raise blood pressure, which is opposite of what statins do. In theory, this would mean that raising blood pressure is a key component of fighting the flu, and not a side effect. This would align with our side one/ side two layout on the other page if we put high blood pressure on one side of health while keeping flu on the other. It would also align with the hypothesis that any factor on one side can counteract a factor on the other. According to that layout, since statins lowers blood pressure, it would automatically promote flu symptoms because flu symptoms and low blood pressure would be on the same side of health. Since it's been found that white blood cell count is increased in hypertension, high blood pressure would have to go on the same side of health as high white blood cell count. Source: Judith A. Whitworth, **Relationship between white blood cell count and incident hypertension**, American Journal of

Hypertension, Volume 17, Issue 9, September 2004, Page 861, https://doi.org/10.1016/j.amjhyper.2004.05.021. Therefore, one can assess that the opposite would be the case in hypotension(lower blood pressure), which thus would put statins on the side of flu symptoms. Many have reported muscle pain and weakness in using statins, which are symptoms of the flu. Statins have been linked to higher blood sugars and heightened risk for diabetes, which are on the same health side of the flu. They have also been linked to depression, memory loss and suicide, which would likely put those qualities on the same side of flu. Here is an update to the layout of health.

Side one of health	**Side two** of health
High white blood cell	Low White blood cell
High blood insulin	Low blood insulin
High blood pressure	Low blood pressure
Cancer	Flu symptoms
Gastroproblems	Vitamin A(beta carotene, sugar)
Vitamin E	Malaria
Sickle Cell Anemia	Statins
Ebola-stage 2	Cardiogenic shock
Heart Attack	depression(low dopamine)
Happiness(high dopamine)	

To reiterate, the hypothesis is that every factor on one side can fight against any factor on the other. Depression fits on side two of health due to depression being reported with statin use. This lines up with how dopamine gets rid of depression and also how dopamine is used to reverse cardiogenic shock. Since vitamin D is also associated with elevated mood, which corresponds with a higher level of dopamine,

Vitamin D would also go on Side one. Magnesium, since it's linked to lower blood pressure, would go on side two. Calcium, which is held as an increased risk factor for cardiovascular events would go on side one. So, if we update the side one and side two with what we just mentioned, we began to get a better understanding of the body.

Side one of health	**Side two** of health
High white blood cell	Low White blood cell
High blood insulin	Low blood insulin
High blood pressure	Low blood pressure
High cholesterol	Low cholesterol
Cancer	Flu symptoms
Gastroproblems	Vitamin A(beta carotene, sugar)
Vitamin E	Malaria
Sickle Cell Anemia	Statins
Ebola-stage 2	Cardiogenic shock
Heart Attack	depression(low dopamine)
Happiness(high dopamine)	Magnesium
Vitamin D	
Calcium	

Everything on side one is essentially linked together and everything on side 2 is essentially linked together. Since Vitamin C and sugar have a similar structure, and Vitamin C has been found to lower cholesterol, Vitamin C would go on side two of health. Since vitamin K is an antagonist to vitamin E due to the fact that vitamin K is a blood clotter and vitamin E is a blood thinner, vitamin K would go on side two. Vitamin B12 has been linked to lung cancer and is a natural antagonist to Vitamin C. This would easily justify Vitamin B12 joining side one. Since vitamin c enhances Iron absorption, Iron would go on side two. Since Iron disrupts Zinc absorption, Zinc would go on Side one. Here is another update of side one and side two on the next page.

Side one of health

High white blood cell
High blood insulin High
blood pressure High
cholesterol Cancer
Gastroproblems
Vitamin E
Sickle Cell Anemia
Ebola-stage 2
Heart Attack
Happiness(high
dopamine)
Vitamin D
Calcium
Vitamin B12
Zinc

Side two of health

Low White blood cell
Low blood insulin
Low blood pressure
Low cholesterol
Flu symptoms
Vitamin A(beta
carotene, sugar)
Malaria
Statins
Cardiogenic shock
depression(low
dopamine)
Magnesium
Vitamin C
Vitamin K
Iron

More research into the links between vitamin/minerals and sickness would provide an even more comprehensive outlook regarding side one and side two of health. If we try to pin alcohol consumption and caffiene consumption on either side of the list, we run into problems. In many studies alcohol consumption has been linked with lower white blood cell count(**Association of alcohol consumption with white blood cell count: a study of Japanese male office workers** N. Nakanishi, H. Yoshida, M. Okamoto, Y. Matsuo, K. Suzuki, K. Tatara https://doi.org/10.1046/j.1365-2796.2003.01112.x), while caffiene has been linked with higher white blood cell count(**Effect of caffeine supplementation on haematological and biochemical variables in elite soccer players under physical stress conditions** Adriana Bassini-Cameron, Eric Sweet, Altamiro Bottino, Christina Bittar, Carlos Veiga, and Luiz-Claudio Cameron doi:

10.1136/bjsm.2007.035147). The issue is that caffeine depletes calcium levels in the body, and calcium is a supporter of high white blood cell count, according to the side one and side two of health. In tandem with the study that caffeine raises white blood cell count, caffeine becomes both an antagonist and supporter of factors on the same side of the list(in this case Calcium and high white blood cell count respectively). In contrast and according to my logic based on side one/side two of health, caffeine would actually lower white blood cell count, while alcohol would raise white blood cell count. In order to make this true and line up with side one and two of health appropriately, we have to associate factors that take place AFTER these drugs(alcohol and caffeine) have been used and released from the body......as the standard side effect of the actual drugs. Meaning, the symptoms that arise after alcohol or caffeine has left the blood stream or is leaving the blood stream, should be the deciding factor for the implications of its use. Since calcium is depleted as urine and feces eliminates caffeine from the body, calcium deficiency and it corresponding characteristics would be lined up with caffeine. Since calcium deficiency points to low mood, which points to low dopamine, caffeine would correlate to side two of health. In a study done about the effects of alcohol withdrawal on the brain, scientists found that after the drop in dopamine during a brief period of abstinence after alcohol consumption, a sharp rise in excessive dopamine ensues as the period of abstinence becomes longer. Even though this rise coincides with less receptivity to dopamine, it nonetheless results with more dopamine being in the blood stream. This state is called a hyperdopaminergic state. Source: **Hyperdopaminergic state in alcoholism** Natalie Hirth, Marcus W. Meinhardt, Hamid R. Noori, Humberto Salgado, Oswaldo Torres-Ramirez, Stefanie Uhrig, Laura Broccoli, Valentina Vengeliene, Martin Roßmanith, Stéphanie Perreau-Lenz, Georg Köhr, Wolfgang H.

Sommer, Rainer Spanagel, Anita C. Hansson Proceedings of the National Academy of Sciences Feb 2016, 201506012; DOI: 10.1073/pnas.1506012113. One can hypothesize that during this hyperdopaminergic state of hyperactivity, white blood cell count would rise considerably and so would blood pressure, along with all of its correlated factors. This outcome would have to be standard for defining alcohol's effect on the body in order to make it fit the appropriate side of health, which would be side one. In essence, and hypothetically, alcohol would be able to fight flu symptoms, while caffeine would fight gastro/nausea issues. In support of alcohol fighting flu symptoms, Dr. William Schaffner, chair of preventive medicine at Vanderbilt University Medical Center, told ABC News in 2018: “The alcohol dilates blood vessels a little bit, and that makes it easier for your mucus membranes to deal with the infection,” Source: **Drinking A Little Whiskey Might Actually Help Relieve Cold Symptoms** – by Kate Bratskier of HuffPost. However, to be better in line with side one and side two of health, I would have to conclude that alcohol’s constriction of blood vessels would make more sense as a mitigator of cold symptoms. Decongestants, which are a standard for fighting the cold or flu, raises blood pressure. So, therefore, alcohol would have to align with those factors in order to fully comply with side one and side two of health(high blood pressure being on the opposite side of the flu and therefore an antagonist to flu symptoms) and also prevailing medicinal determinants. This opens the door for caffeine to antagonize things like high blood pressure, high white blood cell count, and gastro/nausea problems. There have been studies that link to coffee to lower blood pressure. While it is well known that coffee would raise blood pressure during intake, determining factors after coffee is used and released by the body.....

as the actual outcome of coffee.... allows us to makes sense of coffee's lowering of blood pressure due to a depletion of calcium. According to Webmd, "Calcium channel blockers are drugs used to lower blood pressure. They work by slowing the movement of calcium into the cells of the heart and blood vessel walls, which makes it easier for the heart to pump and widens blood vessels. As a result, the heart doesn't have to work as hard, and blood pressure lowers." Source: WebMD Medical Reference Reviewed by James Beckerman, MD, FACC on October 10, 2017. This allows us to make perfect sense of how studies would find that coffee(caffeine antagonism to calcium) would reduce blood pressure. Example: Habitual coffee consumption and blood pressure: an epidemiological perspective. Geleijnse JM1. PMID:19183744 PMCID:PMC2605331 DOI: 10.2147/vhrm.s3055. More studies support coffee lowering blood pressure. "Researchers at the Preventative and Clinical Investigations Center in Paris, France observed the blood pressure of almost 200,000 men and women between the ages of 16 and 95 for 10 years and recorded their blood pressure, pulse pressure, and heart rate. The findings revealed that those who avoided coffee and tea consumption all together had the highest rates of blood pressure, pulse pressure, and heart rate. And, those who drank tea the most often had the best health reports. Even coffee drinkers fared better than those who didn't drink coffee at all." Source: Caffeine From Tea And Coffee Lowers Blood Pressure: Researchers Say 4 Cups A Day Does The Deed by Samantha Olsen of www.medicaldaily.com. We can update our side one and side two of health with alcohol and caffeine on the next page.

Side one of health	**Side two** of health
High White blood cell	Low White blood cell
High blood insulin	Low blood insulin
High blood pressure	Low blood pressure
High cholesterol	Low cholesterol
Cancer	Flu symptoms
Gastroproblems	Vitamin A(beta carotene, sugar)
Vitamin E	Malaria
Sickle Cell Anemia	Statins
Ebola-stage 2	Cardiogenic shock
Heart Attack	depression(low dopamine)
Happiness(high dopamine)	Magnesium
Vitamin D	Vitamin C
Calcium	Vitamin K
Vitamin B12	Iron
Zinc	caffeine
alcohol	

Chemotherapy which is a treatment used to fight cancer, involves a number of side effects like flu symptoms, low white blood cells, low blood pressure. Upon observing side two of health, one can notice that many of those side effects that relate to Chemotherapy are found in many of the elements of side two. Vitamin observation also applies here. For instance, chemotherapy has been also known to raise the chances blood clot formation and when observing side two of health, we can see that Vitamin K, which activates our bodies' blood clotting mechanism, affirms that diagnostic. Because Cancer would obviously be on the opposite side of Chemotherapy, on Side one, chemotherapy becomes a potential treatment to fight against all things related to side one of health....not just cancer, but heart disease, Ebola, sickle cell anemia, high blood pressure, high cholesterol. Upon research, we find that chemotherapy drugs have been used with some success against the aforementioned. However, Chemotherapy has been linked to high cholesterol, which wouldn't make sense on our heath layout. Further

research shows that this cannot be resolved to high cholesterol on side one and low cholesterol on side two of health. This indicates a need for a change to be made. High cholesterol on the side one of health would have to be changed to High HDL Cholesterol, while Low Cholesterol on side two would have to be changed to Low HDL Cholesterol. HDL cholesterol is what's considered good cholesterol. Low LDL(bad cholesterol) would have to be placed on side one, with High LDL placed on side two. This would align with studies that places low LDL as a cancer risk, and higher LDL as a symptom of chemotherapy. Doing this essentially would link beta carotene, vitamin A, C, and K to high LDL, high triglycerides. As confusing as that seems, it would actually explain why vegans are getting high LDL counts in blood tests. So this is what our updated layout of side one and side two of health would look like:

Side one of health	**Side two** of health
High white blood cell High blood insulin High blood pressure	Low White blood cell Low blood insulin Low blood pressure
High HDL cholesterol (good cholesterol)	Low HDL cholesterol (good cholesterol)
Low LDL cholesterol (bad cholesterol)	High LDL cholesterol (bad cholesterol)
	High Triglycerides
Cancer Gastroproblems Vitamin E Sickle Cell Anemia Ebola-stage 2 Heart Attack Happiness(high dopamine) Vitamin D Calcium Vitamin B12 Zinc Alcohol Blood thinning	Flu symptoms Vitamin A(beta carotene, sugar) Malaria Statins Cardiogenic shock depression(low dopamine) Magnesium Vitamin C Vitamin K Iron Caffeine Chemotherapy Blood clot

So now we can look for evidence that Chemotherapy is an antagonist to side one of health and a promoter of factors on its own side, side two. Metabolic syndrome, which is a combination of biochemical abnormalities associated with cardiovascular problems, was found to be increased amongst survivors of cancer after chemotherapy treatment. Source: **Metabolic syndrome induced by anticancer treatment in childhood cancer survivors** Hee Won Chueh, MD, PhD Jae Ho Yoo, MD, PhD Ann Pediatr Endocrinol Metab. 2017 Jun; 22(2): 82–89. In order to avoid confusion, a clear distinction needs to be made between heart attack on side one and blood clot problems on side 2, which leads to heart attack. Heart attack on side one relates to cardiovascular disease and side two relates to circulation problems. Embolism would be a better way to describe a cardiac event on side two. I think heart problems and blood clots are used interchangeably since blood clots cut off oxygen to the heart, which causes heart attacks. Therefore, it can be confusing when reading medical terminology and deciphering what is meant by heart attack. Vegans are known to be at risk for blood clots, while simultaneously being protected from cardiovascular disease. That in itself infers that blood clotting mechanisms, such as the ones invoked by Vitamin K, actually fights off cardiovascular disease. So, metabolic syndrome arising from chemotherapy must relate to clotting factors. According to the layout, High LDL must also relate to clotting issues and not cardiovascular disease. More research is coming forth that LDL cholesterol is not actually linked to heart disease. Source: **LDL-C does not cause cardiovascular disease: a comprehensive review of the current literature** Uffe Ravnskov, Michel de Lorgeril, David M Diamond, Rokuro Hama, Tomohito Hamazaki, Björn Hammarskjöld, Niamh Hynes, Malcolm Kendrick, Peter H Langsjoen, Luca Mascitelli, Kilmer

S McCully, Harumi Okuyama ORCID Icon, Paul J Rosch, Tore Schersten, Sherif Sultan & Ralf Sundberg Published online: 11 Oct 2018. This possibly opens the door to also hypothesize that high LDL can fight cancer. In fact, Lower LDL cholesterol has been found to be a cancer risk. Source: American College of Cardiology. **"Low LDL cholesterol is related to cancer risk."** ScienceDaily. ScienceDaily, 26 March 2012. < www.sciencedaily.com/releases/2012/03/120326113713.htm>. This aligns perfectly with the layout of side one and side two of health as high LDL cholesterol is on the opposite side of Cancer. We do, however, run into issues with the proper placement of Statins. Since statins are known to lower LDL cholesterol, it cannot be placed on the same side as high LDL cholesterol. If we move statins to side one of health, it would make statins a supporter of cancer and high HDL cholesterol, but a fighter against the flu and malaria. Here would be the new layout with statins now on side one of health:

Side one of health	**Side two** of health
High white blood cell	Low White blood cell
High blood insulin	Low blood insulin
High blood pressure	Low blood pressure
High HDL cholesterol (good cholesterol)	Low HDL cholesterol (good cholesterol)
Low LDL cholesterol (bad cholesterol)	High LDL cholesterol (bad cholesterol)
Cancer	High Triglycerides
Gastroproblems	Flu symptoms
Vitamin E	Vitamin A(beta carotene, sugar)
Sickle Cell Anemia	Malaria
Ebola-stage 2	Cardiogenic shock
Statins	depression(low dopamine)

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cont'd	*cont'd*
Heart Attack (heart disease)	Heart attack (embolism)
Happiness(high dopamine)	Magnesium
Vitamin D	Vitamin C
Calcium	Vitamin K
Vitamin B12	Iron
Zinc	Caffeine
Alcohol	Chemotherapy
Blood thinning	Blood clot

Statins as a fighter against depression still poses an issue as statins have been known to cause depression. Because statins, in this layout, would support heart attacks from heart disease, the prevention of heart attacks related to the use of statins must be associated with the formation of blood clots related to embolisms. Since statins have been found to lower blood clot risk, we can imply the hypothesis that statins only relates to fighting against heart attacks arising from that, and not from heart disease. Source: Setor K Kunutsor, Samuel Seidu, Kamlesh Khunti. **Statins and primary prevention of venous thromboembolism: a systematic review and meta-analysis.** The Lancet Haematology, 2017; DOI: 10.1016/S2352-3026(16)30184-3. The study that showed high LDL isn't linked to cardiovascular disease supports the idea that statins wouldn't prevent heart disease as shown on side one of health.

The formation of health aspects into two sides allows for health philosophy to make sense of complex factors regarding the different types of things we consume and the treatment protocols we follow. By dividing health aspects like this, one may find it easier to map out treatment protocols from a determined blueprint.